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Health Solutions**

**Principles and Practices of Effective Wellness
Enhancing Services**


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Agenda

- What is wellness? Why is it important?
- What research has to say about what works and what doesn't
- Key standards to promote wellness and meet PBHCI grant aims
- Cultural factors and wellness
- Characteristics of quality wellness supporting services
- Lessons from PBHCI grantees
- Resources

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What is Wellness?

- Services designed to improve health through the acquisition and application of health promoting behaviors. Employed to achieve the goals of....
 - Early prevention
 - Avoidance of early signs of health risks
 - Management of an existing serious health condition

Why are wellness related services important?

Access to high quality primary care is necessary but.....

NOT SUFFICIENT

Why Important: People with SMI...

- Smoke more
- Eat less nutritious food
- Have high BMI levels (obesity)
- Exercise less
- See physicians and other healthcare providers less
- Are more likely to underuse, overuse, or misuse medication
- Are prescribed antipsychotic drugs that have been linked to increased incidence of obesity, diabetes, and hyperlipidemia in patients with SMI
- Die earlier
- Often live in neighborhoods that makes healthy lifestyle changes difficult

Prevention Focus

- Nutrition focused approaches
 - Information about making healthy choices, demonstrations of healthy cooking, nutritional counseling
- Exercise
 - Walking, aerobic activities
- Education/counseling on healthy lifestyle behaviors including
 - Avoidance of dangerous and risky behaviors that undermine health such as substance use including alcohol, drugs, and tobacco

Health risk management focus

- **Nutrition focused approaches** to address risk factors and/or a serious and chronic health condition (e.g., pre-diabetes, diabetes, high cholesterol, high blood pressure)
 - Information about making healthy choices, demonstrations of healthy cooking, nutritional counseling
- **Exercise**
 - Walking, aerobic activities to address obesity
- **Healthy lifestyle behaviors to address current risk factors**
 - Education/counseling on improving sleep, hygiene, stress management
 - Avoidance of dangerous and risky behaviors that undermine health such as substance use including alcohol, drugs, and tobacco

Chronic Disease Self-Management focus

- **The medical/health care condition itself**
 - Treatment involvement and shared partnership
- **The emotional consequences associated with a serious and persisting condition**
 - Loss, anxiety, frustration, depression, shame, resignation
- ***Lifestyle changes that support health and prevent or reduce illness and impairment***
 - Wellness and lifestyle improvements
 - Nutrition/exercise

*Lorig, K.R., Holman, H.R. Self-Management Education: History, Definition, Outcomes and Mechanisms. *Annals of Behavioral Medicine*. 2003, 26(1): 1-7

What research tells us*

- **Program format:** longer duration (3 or more months) combining a manualized education- and activity-based approach, and incorporating both nutrition and physical exercise, are likely to be the most effective in reducing weight and improving physical fitness, psychological symptoms, and overall health.
- **What doesn't work:** Programs with briefer duration; general wellness, health promotion or education-only programs; non-intensive, unstructured, or non-manualized interventions; and programs limited to nutrition only or exercise only.
- **Weight management:** the nutritional component is critical and incorporates active weight management (i.e., participant and program monitoring of weight and food diaries), as opposed to nutrition education alone.

The Research

- **Physical fitness:** Activity-based programs that provide intensive exercise and measurement of fitness (e.g., 6-minute walk test or standardized physical activity monitoring) are more likely to be successful.
- **Integrated services:** Evidence-based health promotion consisting of combined physical fitness and nutrition programs should be an integrated component of services.
- **Measurement and monitoring:** Lifestyle behaviors (nutrition, physical activity, tobacco use), physical fitness, and weight outcomes as well as evidence-based program fidelity should be objectively and reliably measured and monitored.

* The Dartmouth Health Promotion Research Team, led by Project Director Stephen Bartels, MD, MS, Professor of Psychiatry, Community and Family Medicine, the Dartmouth Institute, and Project Research Assistant Rebecca Desilets, Centers for Health and Aging, Dartmouth College

Culture and Wellness Programming: Main Points

- Cultural and religious factors influence the preferences, values, beliefs and expectations of people
- One's beliefs, values and expectations influence choices and preferences related to a host of wellness related activities and services:
 - Food preparation and traditions
 - Attitudes about substance use including tobacco
 - Comfort with various activities involving body movement (meditation, yoga, dance, exercise)
 - Experience with and expectations of healthcare providers
 - Attitudes about weight and exercise
 - Access to wellness supporting people, places and things

Characteristics of wellness and healthcare services that are more likely to engage and involve clients

- Health limitations, weaknesses, unhealthy behaviors, deficits are framed as areas of opportunities for improvement that the consumer may decide to address
- Non-prescriptive approach doesn't use scare tactics and avoids lecturing
- Wellness topics include information that is clearly and simply presented and honestly engages consumers to consider the pros and cons of current health related behavior
- In group settings, the size of the group enables opportunities to personalize the information (Optimal group size is 10 or fewer)

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Service Delivery: Those services focused on improving health behaviors and overall wellness including prevention

Main Point: The goal of wellness and health promoting services is to assist individuals to **apply** the information learned and the strategies developed in his/her day to day lifestyle.

Think about:

- Do our services offer opportunities for our enrollees to ACQUIRE and APPLY knowledge in the context of their day to day experience?
- Is there a system in place for enrollees to identify and shape the service menu?
- Is there a systematic way to determine enrollee response to services and make changes accordingly?

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Characteristics of wellness and healthcare services that are more likely to engage consumers

- Do we emphasize a positive focus (goals to achieve rather than the problem to solve)?
- Do we create opportunities for our enrollees to identify and share their strengths throughout all encounters (what's strong vs. what's wrong)?
- Do we integrate wellness and health promoting behavior as part of the routine discussions across all services and encounters?
- Are our services easily accessible, involving, fun, non-pressured, non-judgmental, not embarrassing and builds confidence and social support?

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Characteristics of wellness and healthcare services that work

- Do we focus the work on the positive gains associated with the program rather than the negative losses?

For example:

Alternatives to labeling a health-related theme centered group such as a smoking cessation group

- Breathing easy
- Looking smart and feeling good
- Saving money-saving health

Characteristics of wellness and healthcare services that are more likely to engage consumers

- Do we assist consumers to systematically personalize the information in a way that recognizes strengths as well as areas that the consumer may wish to improve?
- Do we assist consumers to identify and make a specific plan and take action to make progress towards personally meaningful health goals?
- Do we assist consumers to monitor progress and identify barriers? (Nothing is more reinforcing than success, even small gains make a difference.)

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Characteristics of wellness and healthcare services that are more likely to engage consumers

- Build in action steps that are practical in light of the consumers' financial resources, age, gender, cultural values, and overall health
- Building in social supports may be very helpful (e.g., engage family/friends, peer buddy system) that aligns with consumer preferences
- Health promoting activities that are fun, intrinsically rewarding, non-pressured (may be helpful to avoid the common tendency to present information in the form of a lecture full of "shoulds" "musts" and "ought to's."

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Common wellness promoting services and activities employed by grantees

- Health Fairs (within the organization and in the community)
- Field visits to farm markets, local grocery stores, community resources such as local college gyms, YMCA, Weight Watchers
- Walking groups, yoga, low cardio aerobics, roller skating, hiking, general exercise, dance, swimming
- Cooking demonstrations and practice
- Groups on topics such as Living a Healthy Lifestyle, Understanding and Using Healthcare Services

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Motivation/activation approaches

Strategies to address varying levels of readiness

- Enthusiastic staff
- Direct practice and demonstrations following informational preparation
- Recognition events to acknowledge participation and reinforce participation
- Incentives - i.e. certificates t-shirts, water bottles, pedometers
- Providing healthy snacks at numerous events; healthy snacks – exposure and modeling of healthy eating




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Motivation/activation approaches

Strategies to address varying levels of readiness

- Fitness/nutrition games
- Use of pedometers, CO monitors, improvement tracking graphs
- Availability of an easily accessible exercise room
- Newsletters to continually inform the community of progress and new offerings
- Informational resources such as healthy cooking on a budget
- Peer led programs and individualized support.
 - **Whole Health Action Management (WHAM)**

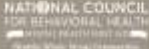




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Lessons learned from current and previous grantees

- Eating habits and dietary changes need to be addressed and are equally important as exercise/fitness.
- Stages of change differ significantly among individuals – need to provide a variety of interventions to educate and help motivate individuals through stages to the action phase.
- Focus on helping individuals continue activities on their own or with a buddy system outside the treatment environment

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Lessons Learned

- Offering a variety of programming helps to keep individuals motivated and engaged – group activities where individuals in the program are able to socialize while doing something fitness related increases participation and outcomes.
- Low income often makes it harder to buy healthier foods – need to help individuals with budgeting and food selection.
- Culture plays a significant role in the process. Need to be tolerant of and sensitive to these when assisting individuals with developing their goals and plan to accomplish identified goals.




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Lessons Learned



- Recognition events held regularly to acknowledge participation and reinforce participant progress
- Involving peers adds significant value
- Incentives that further support wellness helps - i.e. certificates, t-shirts, water bottles, pedometers
- Emphasize demonstrations and practice opportunities
- Staff involvement alongside clients helps to create a “culture of wellness”
- Offer healthy snacks – model healthy choices
- Fitness/nutrition Games to add an element of fun or healthy competition
- Share short term and long term wins (highlights of participants accomplishments)




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Wellness Related Resources

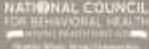
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Weight Loss: Exercise/Nutrition

- Recovering Through Nutrition and Exercise for Weight Loss (RENEW)
- Simplified Intervention to Modify Physical activity, Lifestyle, and Eating behavior (SIMPLE)
- InSHAPE
- A Behavioral Group-Based Treatment for Weight Reduction in Schizophrenia and Other Severe Mental Illnesses (BT)
- Healthy Eating and Activity in Latinos Treated in the Heights (HEALTH)
- Lifestyle Intervention
- Diabetes Awareness and Rehabilitation Training (DART)
- A Behavioral Weight-loss Intervention for Persons with Serious Mental Illness in Psychiatric Rehabilitation Centers
- Solutions for Wellness (SFW) Manualized Wellness Program

Health Promotion Implementation Resource Guide: Evidence-Based Practices For Reducing Obesity and Improving Fitness For People With Serious Mental Illness
 Stephen Bartels MD, MS ,John Naslund MPH (2011)





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Weight Loss/Exercise/Nutrition

Practice	Manual Available	Training Available	Contact
RENEW	✓	✓	http://www.cmhsrp.uic.edu/health/weight-wellbeing.asp Dr. Catana Brown: cbrown2@midwestern.edu
SIMPLE	✓	✓	www.simpleprogram.org Dr. Cenik Tek: cenik.tek@yale.edu.
In SHAPE	✓	✓	Ken Jue: ken@kenjue.com
BT	✓		Rohan Ganguli: Rohan.Ganguli@camh.ca
HEALTH	✓		Dr. Christina Mangurian: Christina.Mangurian@ucsf.edu
Lifestyle Intervention	✓	✓	Dr. Ren-Rong Wu: wurenrong2005@yahoo.com.cn
DART	✓		Dr. Christine McKibbin: cmckibbi@uwoyo.edu
Behavioral Weight-loss Intervention	✓		Joseph Gennusa: jgennus1@jhmi.edu
SFW	✓	✓	Betty Vreeland: vreeland@umdnj.edu





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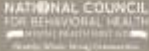
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Self-Management Behavioral and Physical Health Resources

Illness Management and Recovery (Mueser and Gingerich 2001, 2010)
<http://store.samhsa.gov/product/Illness-Management-and-Recovery-Evidence-Based-Practices-EBP-KIT/SMA09-4463>

Wellness Self-Management (Salerno, Margolies and Cleek, 2007)
Wellness Self-Management Plus (Salerno et al 2009)
[http://www.practiceinnovations.org/CPIInitiatives/WellnessSelfManagement\(WSM\)/tabid/189/Default.aspx](http://www.practiceinnovations.org/CPIInitiatives/WellnessSelfManagement(WSM)/tabid/189/Default.aspx)

Wellness Recovery Action Planning (Mary Ellen Copeland)
<http://www.mentalhealthrecovery.com/>





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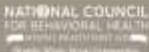
Resources

Diabetes education materials
<http://clinicians.org/our-issues/acu-diabetes-patient-education-series/>

Tobacco cessation toolkit
<http://www.bhwellness.org/toolkits/Tobacco-Free-Toolkit.pdf>

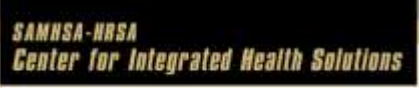
Behavioral Health and Wellness Program: University of Colorado Denver
<http://www.bhwellness.org/>

Nutrition and Exercise for Wellness and Recovery (NEW-R)
<http://www.cmhsrp.uic.edu/health/weight-wellbeing.asp>





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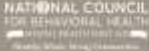



Resources

WHAM (Whole Health Action Management)
 A training program and peer support group model developed by the SAMHSA-HRSA Center for Integrated Health Solutions to encourage increased resiliency, wellness, and self-management of health and behavioral health among people with mental illnesses and substance use disorders.
<http://www.integration.samhsa.gov/health-wellness/wham>

Stanford Patient Education Research Center (variety of chronic conditions)
 ICL Diabetes workbook
<http://patienteducation.stanford.edu/>

The Health and Recovery Peer (HARP) Program
 A peer-led intervention to improve medical self-management for persons with serious mental illness
<http://www.sciencedirect.com/science/article/pii/S0920996410000782>

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For More Information...

Contact Tony Salerno, tonys@thenationalcouncil.org or for technical assistance contact your regional resource team.




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